



Medicaid Health Homes Frequently Asked Questions

What is a Health Home?

A Health Home is not a building or a place for someone to live. It is a comprehensive and intense method of care coordination. A Health Home integrates and coordinates all services and supports to treat the “whole-person” across the lifespan.

Who can have a Health Home?

Medicaid Health Homes are intended for people with certain chronic conditions, like diabetes, asthma, or mental illness. These people must be Medicaid consumers. They can be consumers who also receive Medicare along with Medicaid.

Does a Health Home provide all services a person needs?

No. The Health Home coordinates and manages care. It also provides supports and referrals for the person and their family. Health Homes do not replace services like doctor visits, prescription drugs, hospital care, or therapies. Health Homes also do not replace support services received at home or in the community, like personal care.

How is a Health Home different from a medical home?

Medical homes usually have a doctor leading a team of other health providers. Medical homes are not limited to people with certain conditions. They also do not usually include community and social supports as Health Homes do. Health Homes can include what has been called a medical home.

How do Health Homes improve health?

Health Homes help people live healthier lives by making sure:

- Important information is shared among providers and with consumer
- The consumer has the tools needed to help manage his chronic condition
- Needed screenings and tests are done when they should be
- Unnecessary emergency room visits and hospital stays are avoided
- Community and social supports are in place to help maintain health

What is the difference between Health Home and NFMH? It sounds the same.

A Health Home is not a residential setting, nor is it all services provided by a single provider. It is a comprehensive and intense system of care coordination that integrates and coordinates all services and supports for people with complex chronic conditions.

How is a Health Home any different from the promise of KanCare, better coordinated care=better health outcomes for all people? Isn't this an admission that regular KanCare doesn't work?

A Health Home is even more intensive care management and care coordination that focuses on members with certain chronic conditions. Not everyone in KanCare will have a condition that requires a Health Home. Health Homes were always included as a component in KanCare, but were not intended to launch until the second year of KanCare.

**How will Health Homes be provided in KanCare?**

It will be a partnership between the KanCare managed care organizations (MCOs) and a Health Home Partner (HHP), which could be any one of a many different types of providers, like:

- Doctors
- Clinics
- Community mental health centers (CMHC)
- Community developmental disability organizations (CDDO)
- Other providers who meet the requirements and contract with an MCO

Who decides when a person needs a Health Home?

Most of the time, MCOs will identify a person based on their medical or behavioral conditions. MCOs will also look at the amount and type of services the person has been using. The person will receive a letter telling them about the Health Home assignment. They will have a chance to “opt out” (choose not to be in a Health Home). They can also choose a different Health Home at that time.

What services are provided by the Health Home?

The Medicaid program requires these six core services:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care (making sure when someone comes out of a hospital they have all their doctor’s visits set up and their medications straightened out)
- Individual and family support
- Referral to community and social support services, if relevant

Who pays for Health Homes services?

The State pays the MCOs a monthly amount to provide Health Homes for each person. The MCOs will sign agreements with different HHPs to help provide Health Home services. Some of the services will be provided by the MCOs directly and some will be provided by the HHPs. The agreements will say which services are provided by the MCOs and which are provided by the HHPs. They will also say how much the MCOs will pay the HHPs

How will the payment amount for Health Homes be decided?

Many things will be looked at to help determine the payment. These things may include:

- Costs for staff
- Needs of the consumer
- Location and size of the HHP

For the purpose of Health Homes, how is serious & persistent mental health conditions being defined and will it be consistent with the definitions found in the CMHC contract?

It is defined as anyone, adult or child, with the following diagnoses:

- Schizophrenia
- Bipolar and major depression



- Child disintegrative disorder
- Delusional disorders
- Personality disorders
- Psychosis not otherwise specified
- Obsessive-compulsive disorder
- Post-traumatic stress disorder

Will there be “a” Health Home model or will each MCO have a different model?

There is a single model, as defined by the State and outlined in the Health Homes 101 presentation available at:

http://www.kancare.ks.gov/health_home/download/Provider_Slideshow.pdf

MCOs may have different agreements with different HHPs, based on the HHPs ability to deliver the core Health Home services.

Will the HHP know the PMPM paid to the MCO when contracting for a rate to the HHP?

The PMPM rate is currently being developed by the state’s actuary. The rates will be published on the Health Home’s website. State Health Home payments to the MCOs will be structured to be adequate in ensuring quality Health Home services are sustainable.

Will PMPM differ according to Medicaid category of consumer?

The state’s actuaries are still developing the PMPM rates for the first Health Homes population, SMI. It is likely the SMI PMPM rate will differ from the rate developed for subsequent Health Home populations.

Will payment to providers be equal between MCOs?

No. The state will not direct all payments to be equal. The payment rates between HHPs and the KanCare MCOs are direct negotiations that will take place between those two entities.

Will community mental health centers be the only entities contracted to provide behavioral health Health Home services? Or will other behavioral health providers offering MH/SUD services be able to partner for Health Home services?

No, although we encourage all CMHCs to become HHPs since they are well-placed to serve the SMI population due to their expertise. Additional providers can become HHPs if they meet the standards and qualifications and are willing to contract with the MCOs.

Can a Health Home decline to provide a service(s) to a person referred by a MCO?

One of the requirements for becoming a HHP is not refusing someone who is eligible and assigned to the HHP, except for very narrow reasons. Generally, Health Home enrollees will be assigned based upon their experience and relationship with available HHPs in the MCO networks.

If you are a HHP, do you have to provide Health Home services to both SMI and chronic diseases clients? Can you choose not to do SMI?

No, you do not since there will be two different SPAs for the two target populations. A HHP can choose to provide Health Home services either to the SMI population or those with other chronic conditions, or both.



How will it be determined/decided what the MCO will do and what HHPs will do with regard to the 6 core services?

This will be negotiated between the MCO and the HHP.

Everyone recognizes that the barriers to effective and efficient Electronic Health Records are systems that don't connect and talk to each other. Why are we seeing three MCO systems being developed that apparently don't talk to each other?

Each MCO has developed proprietary software to be used internally, but they are all required, contractually, to be able to link to the two certified health information exchanges (KHIN and LACIE) and to help their contracted providers to also do so.

Will the State require that all MCOs use the same reporting information?

Yes, all three MCOs will report on the same defined measures with associated numerators and denominators.

What Health Home qualifications have been identified?

Please refer to the draft standards found here:

http://www.kancare.ks.gov/download/KanCare_Health_Homes_Provider_Standards_Draft.pdf

Additional professional qualifications will be published soon.